saccharine diet increases the quantity, yet abstinence from these articles of food will not prevent it from making its appearance in the urine and other excretions.

For many of the ideas herein stated we are indebted to M. Bernard, and we cannot but think that science is under great obligations to him for the satisfactory proofs he has given of the functions of the liver, so long a *terra incognita* to pathologists. Indeed, its importance as an organ of *sanguification* as well as *depuration* ought readily to be admitted, when we consider its large size in proportion to the rest of the body, and the complexity of its anatomical structure.

BALTIMORE, *March* 7, 1852.

ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

January 12.—*Angina Pectoris.*—Dr. JACKSON exhibited the heart taken from a patient whom he had recently examined, and showing extensive ossification of the coronary arteries, without any other change excepting an atrophy of the ventricular portion of the organ; which last, as has been remarked by various writers, is probably owing to the diseased state of the nutrient vessels and the imperfect supply of blood. The case occurred in the practice of Dr. Webber, of Cambridgeport, and the patient was an old lady, 70 years of age, very fleshy, and had been subject, for five or six years, to paroxysms of great distress about the region of the heart, with numbness down the left upper extremity, lividity, and feeble pulse, obliging her to give up all active exercise.

The large intestine was loaded with fat, and, as frequently happens when this is the case, the mucous membrane formed numerous little herniary sacculi, many of them extremely thin, and some containing masses of indurated feces, as calculi are sometimes found in a sacculated urinary bladder.

At the next meeting, Dr. Jackson reported a hospital case that he had since examined, and in which the coronary arteries were ossified, but without any cardiac affection, so far as was known during life; though, after the patient's death, his wife reported, on inquiry, some symptoms that may have been referable to the heart.

Intussusception fatal, without complete Strangulation.—Dr. SNOW exhibited the parts, and read a full history of the case sent by Dr. COTTING, of Roxbury, in whose practice it occurred. The patient was a healthy male infant, six months old. On Thursday, P. M., the 8th inst., it had two small, loose dejections, with traces of blood; about midnight, a large, loose, mucous, and bloody dejection; and towards morning another, without pain. On Friday morning, Dr. Cotting found it slightly unwell, with restlessness, nausea, and occasional distress, which was referable to the bowels. Hyd. c. creta was given; and, for the night, Dover's powder. On Saturday morning, the distress had greatly increased, but without any marked heat,

tenderness, or fulness of the abdomen; slight retching; no dejection; restlessness and thirst greater, and pulse very rapid. Half an ounce of castor oil was given and retained. At 2 P. M., it was found moribund, gasping, and gagging. Had had a pretty large fecal and bloody dejection between 10 and 11 o'clock, after which the abdomen began to swell, and became greatly enlarged. Intussusception was diagnosticated, and several attempts were made to force water up into the bowels, but without effect. Just before death, which occurred at 6 P. M., it threw off a little thin liquid, but it could hardly be called vomiting; and this was the only time that anything was thrown from the stomach during the attack. Neither was there ever any proper tenesmus; though throughout the last day there was very frequent and sudden action of the abdominal muscles, a sort of incomplete, abruptly-terminating strain.

On dissection, the ileum was found to have passed through the cœcum and into the ascending colon; the whole lying about over the right kidney, and red from increased vascularity, but soft, and so far from being strangulated as to be withdrawn by very slight traction. Appendix cœci scarcely involved. Upon the inner portion of the intestine, Peyer's glands were as much developed as in typhoid fever, being quite soft, with some red points and some lymph upon the surface, which was very irregular; the mucous membrane itself being not remarkable. Upon the middle portion the mucous membrane was moderately red and rugous for about half its extent from the free extremity, but without much mucus, and with no blood or lymph. The passage through the intussusception, before it was withdrawn, seemed sufficiently free; the intestine above being filled with liquid, and that below comparatively empty.

Disease of Knee-joint, of twenty years' duration—No treatment during that period—Amputation.—Dr. H. J. BIGELOW showed the specimen, lately removed by him from a young man who had gone about with it nearly all his life, suffering, comparatively, but little pain. The cartilage had undergone the so-called "pulpy degeneration," and, in several points, the bone was denuded. Dr. B. remarked that, previously to amputation, he had spoken of the occasional deceptiveness of the fluctuating feel, as indicative of the presence of fluid; but he had not supposed it deceptive in *this* case. On examination, however, no fluid was found; but a *deposit of fat*, infiltrated with serum, existed between the patella and the tibia, two and a half inches thick, and by this was the fluctuating sensation caused. The patient is now well, with good union of the stump.

Dr. Bigelow also reported the two following cases, and exhibited the specimens:—

First. *Peculiar fusiform tumour occupying the whole left thigh.* The patient was a female; the swelling, twenty-four inches in circumference at its largest part, gave to the touch a sense of ascitic fluctuation; its surface smooth; originally small, it had existed for seven months, with but slight pain.

Exploration by acupuncture furnished two teaspoonfuls of watery blood; a few days afterwards, a small incision made in the lower portion of the swelling allowed the finger to reach a mass of a placental feel, and a jet of blood, and then coagula, followed its withdrawal.

There had been little doubt as to the existence of encephaloid disease, but no indications of this were detected by microscopic examination. After the above operation, the patient, previously much reduced, suffered an increase of an inch in the tumour within twenty-four hours, and died during the subsequent week. The *post-mortem* appearances were: 1st. A sac filled with

blood and coagula, the before-mentioned fusiform swelling. 2dly. The femur, stripped nearly bare of muscles, was abraded in one or two spots near the trochanter minor, and a small hole was discovered, piercing its shaft, the medullary cavity highly inflamed throughout, and traces of inflammation running into the cancellated structure of the femoral extremities. No free pus discovered.

Dr. JACKSON remarked the apparent encephaloid nature which one portion of the discharged material exhibited.

Dr. Bigelow replied that this had been carefully examined by him under the microscope, and that it was concrete pus.

Dr. INCHES mentioned a case, somewhat analogous, arising from over-exertion of the limb; the swelling fusiform; pus was finally discharged. The patient is now thought to have necrosis.

Secondly. Dr. BIGELOW presented a specimen of *Osteoid Cancer of the Femur*, taken from a man of 22 years, who, while going up stairs, "felt something give way," and soon after noticed a tumour in the ham, which grew rapidly, but was without pulsation. Leeches applied by the patient were ineffectual. Dr. B. saw him in the country, and, pronouncing the disease malignant, advised amputation. Previous exploratory incision detected cancerous tissue. The operation was done. This tumour, like the former, was fusiform; no disease of the knee-joint.

On sawing the bone, Dr. B. found what he had never previously seen in the recent state—true osteoid cancer; a mass of friable, porous, fine structure, corresponding in appearance to pumice-stone; its consistence chalky.

This disease has been known to return upon the system as bone, in various organs, as the lungs, veins, &c. Dr. B. pointed out a nodule of encephaloid matter in sound medullary tissue, half way up the shaft of the femur, which showed the mode of return and propagation of the disease in the continuity of a bone.

Incisor Teeth from the Lower Jaw of a newly-born Child.—Dr. GOULD presented these, which were loose in the jaw, and, causing irritation to the child's gums and to the mother's nipples, were removed.

Dr. G. said that Dewees mentions having seen but one case of the kind. It is stated that children born thus are short-lived. The teeth, in this instance, are of the size usually observed in children of 18 months.

Decidua in an Unimpregnated Uterus.—The case occurred in the practice of Dr. GREENE, who was called to the patient when she was in a state of stupor, having taken, it was said, about an ounce of the oil of tansy, and from the effects of which she soon died. She was about 25 years of age, a woman of dissolute habits, and, according to her sister's report, considered herself pregnant, as there had been vomiting, with suppression of the catamenia, for the last three months. Besides the large dose of poison, there was reason to suppose that she had been taking smaller doses occasionally during the last month.

The dissection was made by Dr. Ainsworth, and the parts were exhibited to the Society by Dr. Jackson. The uterus is not enlarged, but there is the vascular and softened, or rather flaccid condition that belongs to the gravid state. The body and fundus are lined by a decidua, which Dr. J. remarked upon as perfectly resembling that which he has found in at least three cases of early pregnancy. This structure is evidently a change to some depth of the inner surface of the organ, and not a newly-formed membrane; being two

lines or more in thickness in the body, and becoming quite thin at the fundus and towards the cervix, at the upper limit of which last it terminates. It has a pulpy look and feel; an appearance, upon the cut surface, of very delicate and perpendicular striæ; and upon the free surface the punctated appearance that characterizes the true decidua, and that is seen so frequently upon the fragments of this structure that come away with the ova, in the case of early abortions. A single incision has been made through the organ by Dr. A., but nothing like an ovum has been discovered.

The left ovary is large, flaccid, and contains a spurious corpus luteum about the size of the top of the forefinger; *i. e.* a mass that consists mainly of coagulated blood, and is surrounded by a buff-coloured disk. The blood is not quite recent, judging from the consistence and colour, which last is not quite uniform. The colour of the disk resembles that of the true corpus luteum; but it is less lobulated, and varies in thickness, at different parts, from an almost inappreciable thickness to not more than half a line; there is, moreover, no appearance of a lining membrane within it. A well-marked serous cyst is also seen, of an oval form, and equal to one-third of an inch in diameter; this contained an old, brown coagulum, but there is no trace of a buff-coloured disk about it. The other ovary is in a perfectly normal and passive state; and in neither of the two organs is there anything like a true corpus luteum. The left Fallopian tube is completely obliterated by old adhesion just at its fimbriated extremity, so that impregnation of the corresponding ovary could not possibly have taken place; the mucous surface being of a deep red colour, and smeared over with a whitish puriform fluid. The other Fallopian tube is quite normal.

Encephaloid Disease of the Peritoneum. Hæmatoid Variety. — Case reported by Dr. PERRY. The patient was a large, fleshy, and healthy woman, 63 years of age; had been ailing for about one or one and a half years, but without any marked symptoms. Attended to her domestic affairs until three months ago, when the abdomen was found to be enlarged, and she was thought to be dropsical. Three weeks before death she was taken with dyspnœa and distress in the chest, and sent for Dr. Perry. The abdomen was enlarged as in the latter months of pregnancy, and fluctuated very distinctly; the lower extremities were œdematous; the complexion had a pale, sallow hue, and cancerous disease in the abdomen was diagnosticated. The dyspnœa recurred in frequent paroxysms, and in one of them she died; no especial cause being found for this symptom.

The dissection was made and reported by Dr. Jackson. The peritoneal cavity was filled with tumours, growing as it were from the membrane, and without involving the subjacent parts; varying, generally, from the size of a pea to nearly that of the fist; more or less pedunculated, and of a well-marked encephaloid character. The largest were more or less mixed with liquid blood; this and the pulpy encephaloid were, in some of them, in about equal proportions; and in two or three cases nothing whatever was found but a cyst filled with blood. The most prominent object, however, was a large cyst in the middle of the abdominal cavity, probably not less than a foot in diameter, and containing by measurement eleven pints of dark-coloured and perfectly liquid blood. The parietes of this cyst, which had generally but a slight connection with the surrounding parts, were dense and averaged nearly a line in thickness, with some thin layers of encephaloid upon the outer, and some upon the inner surface. There was also upon the inner surface a coarse, friable, granular deposit, varying from two to four lines in thickness; many

parts, however, were nearly or quite free from it: this was probably coagulated blood, and with this exception, and a small coagulum in one of the other tumours, there was not a trace of coagulum to be found in any one of the masses. Encephaloid disease was also found in the liver, but in no other organ of the abdomen or thorax. There was no ascites, which so generally accompanies this form of carcinoma.

Dr. BACON, having taken some of the liquid blood for examination, found granular exudation-corpuscles and irregular masses of granular matter, in addition to the usual corpuscles, but no coagula of fibrin, the blood-disks retaining their normal shape. The blood is feebly acid, but no signs of coagulation are obtained by neutralizing it with ammonia. Amount of albumen sufficient.

January 26.—*Material contained in a Tumour upon the Thigh of a Boy —its Character, &c.*—Dr. H. J. BIGELOW showed some of the contents of a swelling upon a boy's thigh, which came on after carrying a heavy burden that rested continuously for some time upon the spot where the tumour subsequently appeared. The affection was of three weeks' duration. The material exhibited was almost exactly the same in appearance and characteristics as that shown by Dr. B., at the last meeting, from the thigh of a female patient. The masses, looking like encephaloid matter, were undoubtedly pus mingled with coagulated blood; there was no malignant disease; the bone, at the seat of the swelling, was denuded; the popliteal artery laid bare. When the tumour was first opened, fluid blood first issued, then coagula.

Dr. BIGELOW also presented to the Society's notice a *fibro-plastic tumour* which grew from the anterior walls of the abdomen, and resembled in shape a long Carolina potato. Situated near the inguinal ring, it was not connected with it; it was hard and knobbed. Extirpation advised and done. Throughout its whole extent, the mass was very closely adherent, and held in a network of tissue similar to its own, the cells of both being exactly alike. This latter fact explains the occasional reproduction of such growths, after extirpation. The nutrient vessel was on the side of the skin. Two beautifully executed drawings of the tumour, *in situ*, and after removal, and also some microscopic delineations of the cellular structure, were shown by Dr. B., with the specimen.

Dr. BIGELOW likewise described the following case, intending to show the specimen at the next meeting:—

Necrosis of the Maxillary Bones; of the Nasal Plates; and of the Sella Turcica, resulting from the Fumes of Phosphorus.—In March last, a man with an immensely swollen lower jaw, and highly inflamed tongue and gums, presented himself to Dr. Bigelow for advice; diagnosis difficult. Leeches were ordered. Dr. Bigelow left town soon after for Europe, and in a fortnight after, Dr. Gay saw the patient. The parts affected had now opened, and a probe detected dead bone. The man entered the Massachusetts General Hospital, his health continuing to fail; remaining awhile, he left, to re-enter, some time afterwards, and was found there by Dr. B. on his return.

In December last, drowsiness supervened, and, finally, a comatose condition, lasting for three days, when death occurred in January. *Post-mortem* examination discovered the lower and upper maxillæ extensively necrosed, the nasal cavity invaded by the same disease, and also the sella turcica. The meninges inflamed; the arachnoid opaque near the sella turcica. The patient had been engaged in the fabrication of friction matches, and thus exposed to the fumes of phosphorus, which at last caused the disease.

Dr. Bigelow said this was the first case of the sort he had known to occur here. It has been reported in Europe.

Degeneration of a Fibrous Tumour of the Uterus, with Encysted Disease of the Ovary.—Case reported by Dr. STEDMAN. The patient was a married woman, 45 years of age, and died of some pulmonary affection, having had no symptoms of uterine disease. She was confined, for the last time, six years ago, and then had twins. Menstruation regular, nearly till the time of death; occasionally very scanty; and when this was the case, she usually had hæmoptysis.

The tumour is about one inch and three-fourths in diameter, quite defined, surrounded by a cretaceous shell, and has throughout a dead, yellowish-white, opaque appearance, with some brownish discoloration. It is rather dryish than otherwise, and quite as dense as any fibrous tumour, though the fibrous structure is less marked than it usually is.

No trace of the left ovary is seen; but in the place of it is a thin and simple serous cyst, nearly two and a half inches in diameter. Upon the other side is a collection of cysts, forming a mass nearly twice the size of an English walnut, upon the surface of which the thin, flattened, dense, atrophied remains of the ovary are spread out.

Dr. Jackson remarked upon this change of structure in the fibrous tumour as the result of an arrest of growth, and probably of atrophy; he has met with the appearance three or four times, but has never seen it described. The condition of the ovaries he thought remarkable, in connection with the persistence of menstruation.

Anomalies of the Arteries; Brachial, Thyroid, and Renal; all from the same subject.—Dr. KNEELAND showed these specimens, consisting of high division of the radial artery on each side—on the right, from the brachial, on the left, from the axillary artery; the brachial artery dividing at the elbow into ulnar and interosseous; the middle thyroid artery, given off from the arteria innominata, running up the median line of the trachea; this is important, as in the operation of tracheotomy it might be wounded. The kidney of right side had two renal arteries; the left kidney normal. The specimens were all from a boy about five years of age.

Syphilitic Disease of the Eye. Cases reported by Dr. BETHUNE.—CASE I.—Mrs. D., 40. Health good till one and a half years ago, when an eruption appeared on the skin, considered by her medical attendant to be syphilitic, both from its appearance and from other circumstances, though an exact history of her primary symptoms could not be obtained.

One year ago, she was attacked with inflammation in both eyes. She recovered from this with the exception of a weakness of the eyes, which still existed in a degree when, four weeks ago, the *left* eye was attacked with pain, redness, &c. Of late the pain has abated. She has taken mercury for this attack, so that the gums have been much affected, and still continue sore. Now, on examination, remains of copper-coloured eruption on arms and body; *right* eye well, except the slight weakness above-mentioned; *left* eye cloudy, pink injection around cornea, surface of cornea quite dry, and lining membrane appears somewhat darker than *right;* pupil of moderate size, does not respond to the influence of light, but is nearly regular, and appears free from lymph. The sight is so much affected that she cannot distinguish objects.

Treatment.—Vesication in the vicinity of the eye, the external application of

stramonium, tepid lotions, and the internal use of hydriodate of potash, which was gradually increased to 30 grs. a day. Under this, the moisture returned in great part to the surface of the cornea, the cloudiness of the lining membrane nearly disappeared, the vascularity of the eye much abated, and the pain left her, but the sight did not improve. The pupil was now distinctly seen to be perfectly clear, but it remained immovable. On the 31st, the hydriodate was omitted, and her general health being improved, she imprudently exposed herself to cold, and the inflammation returned in the eye, though much less violently than at first This having partially subsided, she wished to return to the country, and Dr. B. recommended her physician to try the effect of Fowler's solution, not going beyond grs. v, three times a day, after the present inflammation should have left the eye.

On the 27th of January, her attendant informed Dr. B. by letter that her sight had so much improved that she could distinguish objects at a distance of six or eight feet. There was still some opacity of the internal surface of the cornea—and she had had a fresh eruption on the left hand, mostly of the character of syphilitic acne. Dr. B. advised that the solution which had been suspended a few days should be again given, and the dose gradually increased to grs. x.

Case II.—Mrs. S., about 30, was attacked with primary symptoms nine months ago. Eruption first appeared three months after. Now, December 30, has severe syphilitic ecthyma on lower limbs. Three months ago, left eye was attacked with inflammation, which one month ago resulted in total loss of sight. Has had much severe pain in and around eye, from which she still suffers, also from periosteal pains in the tibiæ. The globe appears generally but unequally swollen; chemosis; a small purulent deposit is seen under the conjunctiva, near outer edge of cornea; the cornea hazy; the pupil apparently closed by lymph, and the iris pushed forward nearly in apposition with the cornea. Between these textures are several small purulent collections similar to that under the conjunctiva. The sclerotic projecting at points shows the choroid through. The upper lid is swollen, and droops.

Treatment.—Under the care of the gentleman with whom Dr. B. saw her, she had been taking the mandrake (*podophyllum*) for a short time, with apparent benefit. It was agreed that it should be continued, and Dr. B. also urged the free use of the hydriodate of potash; likewise the occasional application of two or three leeches near the eye, and the vapour of anodynes. Under this, as her physician stated, two or three weeks after, she had improved somewhat in her general health, and the pain in the eye had diminished. At the upper part of the ball the swelling had increased; as it seemed not improbable that this depended on a purulent collection between the deeper-seated textures, Dr. B. advised an incision at this point if the enlargement continued.

Dr. B. added that in syphilitic disease of the eye, as is well known, the iris is the part usually most affected. This membrane was involved in both these cases, but not more than, if so much as, some of the others. On this account he thought these cases worthy of mention.

February 9.—*Cases of Fever; Diagnosis difficult.*—Dr. Shattuck, Jr., reported the following cases, which he considered of interest on account of the difficulty of diagnosis. He asked, Must the first be considered a case of typhus, or ship fever, as it appeared when first seen, and as one might be led to conclude from the results at the autopsy? The patient was a stout muscular Irishman, thirty-two years of age, a resident of this country for three years. He had worked on a farm in Watertown. He had not been with sick persons, but

attributed his illness to a habit of washing his person very freely in cold spring water when heated. In the latter part of September, he had a bad cough, pains in his limbs, dizziness, and on the 13th October, he gave up work, having lost strength, and went to board with a family in Watertown, who came to this country at the same time with himself. He had a bad cough—expectoration free, offensive; dizziness; he was in his bed a part of the day, but sat down to meals with the family, and ate some hearty food every day, and walked out every day. He complained also of pain in the chest, and consulted Dr. Whittemore, to whom he seemed labouring under a bronchial affection. A moderate drinker, he took some spirit every day; submitted to no medical treatment; his cough gradually diminished, his strength returned, when, early in January, he exposed himself at night to cold and wet when under alcoholic and other stimulus. His symptoms returned; a petechial eruption over his body was noticed by his host a few weeks before this relapse, when a woman and a child of the family had an attack of mild fever, and were sick for two or three weeks. Dr. Whittemore regarded their disease as continued fever, but spoke of it as petechial fever, not being in the habit of using the terms typhoid and typhus as distinctive of varieties of continued fever. The man did not improve, though he continued to walk out, to sit at table with the family, lying down at intervals in the course of the day. Dr. Whittemore saw him a second time, and at his request wrote a letter to the admitting physician of the Massachusetts General Hospital. In this letter he says: "As respects the nature of his complaint, I can only say, he has had cough for three months or more, and it has most probably arisen from neglected bronchitis. The cough, while I am writing, has occasioned expectoration of frothy mucus with a provocation to vomit, with exhaustion of the strength and with some hemorrhage from the nose." The patient rode to Boston, and entered the hospital on Monday, Feb. 2. On Tuesday morning, at the time of the visit, he was sitting by his bed, dressed, his intellect quick, his memory impaired, mind disposed to wander; he gave for the most part satisfactory answers to the questions; the eyes neither injected nor suffused; the hearing good; prostration; rather a dusky hue of the skin, and an abundant petechial eruption over the trunk and limbs; the pulse 120; the skin dry; cough; respiration hurried; resonance diminished over both lower backs; less over right, where the respiration was feeble and rude. Over front chest resonance sufficient; expiration prolonged under both clavicles; no pain in side; expectoration of viscid mucus, with one or two rusty sputa; abdomen rather full, not tender on pressure; gurgling in right iliac fossa; several dejections, the patient having taken, for two days, cathartic pills. The tongue dry, no sordes on the teeth; thirst. He was put on gruel, and took pills of opium and carbonate of ammonia. He was restless and delirious at night, getting out of bed and going to the water closet, and two of the attending physicians of the hospital considered the aspect of the case so decidedly that of ship fever, that he was put in a small ward where no patients would be exposed to him. He then had beef tea and brandy punch at regular intervals. Subcrepitant rale was heard over the right lower back; in other respects the physical signs continued the same; the prostration became greater, and he died in the evening of the 5th. The autopsy was made forty hours after death. There had been but little emaciation; the cellular tissue under the skin of the abdomen loaded with fat, the petechial eruption still distinct; slight and old adhesions of both lungs; both of them congested, of a very dark colour; no hepatization, the anterior parts and edges being the only crepitating portions. The mucous membrane of the trachea and of the primary bronchi was of a dark, livid colour, some aerated serum and mucus, the contents of the bronchia; the

spleen large, of a dark colour, the two substances of the kidneys quite distinct. The mucous membrane of the stomach and intestines not remarkable. Peyer's patches not diseased. The liver weighed four pounds.

Diagnosis is often difficult where we do not have a patient under observation during the whole course of the disease. If this man had continued fever, it is remarkable that he never should have been confined to his bed, and that he should have been disposed and able to eat solid food during the whole course of his illness, a period of nearly five months. If he had typhus fever, it must have been an idiopathic case. He and his friends asserted positively that he was never exposed to sick persons. The man with whom he boarded spoke of his expectoration, when he came to his house in October, as very offensive. Had he gangrene of the lungs at that time?

The second patient was a muscular Irishman, 28 years of age, who landed in New York on the 1st of March, after a voyage of six weeks. There was no fever during the voyage, but two of the passengers had fever after landing. He was perfectly well for a week, and then was taken with chills, headache, loss of appetite, nausea—and remained in the house, but was not confined to his bed. On the 8th day, he walked to the hospital, and was seen for the first time on the 17th of March. Some headache, prostration, mind slow, not capable of prolonged effort. He had bled from the nose twice; disturbed, restless sleep; pulse 90, skin hot and dry, tongue dry, abdominal fulness and tenderness; gurgling in right iliac fossa; three loose dejections from ℥ss of castor oil. Numerous rose spots over trunk and thighs, some on arms. He took ten grains of Dover's powder every four hours during the first twenty-four hours, and the same dose every three hours during the second twenty-four hours. He had one or two loose dejections; there was somnolence—the skin moist. The rose spots became of a darker color, and faded less on pressure. The prostration increased. He was put on brandy and beef tea at regular intervals on the 22d, and died on the 25th, the 18th day of the disease. The friends forbade an autopsy.

Ought not this case to be regarded as one of typhoid fever? The eruption and the abdominal symptoms are characteristic of that disease, and yet, perhaps, all would not consider this diagnosis as correct. The opiate treatment seemed to be without effect. Would the larger doses, as administered by Dr. Henry, of Springfield, Illinois, have been of efficacy to arrest or modify the fever?

Fibrous Tumour of the Uterus.—The specimen was shown by Dr. JACKSON, to illustrate the change of structure that may, after a long while, take place in these cases. The patient was 84 years of age, and had had swelling of the abdomen for more than thirty years. The tumour had no appearance of fibrous structure to the naked eye—though it was evident enough microscopically—but rather that of a uniformly and brilliantly white, glistening, and very flaccid, though tough cellular tissue; the cut surface being irregular rather than smooth, as it usually is. The mass, as received from the country, was of a semi-spherical form, six inches in diameter, three inches in thickness, and invested over its whole convexity with a thick, cretaceous shell.

Dr. J. also showed a recent uterus, in the cervix of which was a fibrous tumour about one and a-half inches in diameter; and remarked upon the extreme rarity of these tumours in this situation, so far as he had observed. The patient died of acute pneumonia, and the situation of this disease was also peculiar; the middle and the greater part of the right lower lobes being hepatized, whilst the back and especially the lower back part were healthy.

Ovum retained fourteen months.—Dr. JACKSON exhibited the specimen which he had received from Dr. Edwin Leigh, of Townsend, with the following account of the case: The patient was 42 years of age, and had borne six children; general health delicate for many years; and for the last three years, since a miscarriage, she suffered from prolapsus uteri.

In the winter of 1850–51, she became pregnant, as she supposed. The catamenia ceased on the 8th of December, and have never regularly returned since that time. In February, there was morning sickness. Swelling and hardness of the breasts, but no pain; the swelling beginning to disappear in May. No quickening. Some fulness in hypogastric region, but this did not increase after the fourth month, and about the sixth month it diminished. During the first six months there were more or less hard and bearing-down pains.

In June, 1851, there was some uterine hemorrhage for a few hours, and during the following week a little very dark discharge; after which there was another hemorrhage with a similar discharge, which continued for the next twelve days. In September, October, and November, there was, on three or four different occasions, a slight discharge, lasting for a week or more at each time; very dark, sometimes quite thick, and often appearing like a dark, dirty, semi-fluid unguent. Discharge never purulent. Some pains, referred chiefly to the sacrum, during these months, but less than in the winter and spring. Uterus somewhat enlarged, and with greater irritability and tenderness than was usual during the few preceding years; os tincæ rather enlarged. The case, it was thought, might be one of false conception, and so the result proved.

About the 18th of December, she had very considerable hemorrhage, with some pain, and followed by leucorrhœa; attributed to hard work. Ten days afterwards, a similar attack. About the 18th of January, 1852, severe pains came on and increased, with considerable hemorrhage, until the 22d, when the ovum was discharged.

The mass was of a regular oval form, four inches in length, and two and a half inches in diameter. Externally it had the usual appearance of a retained ovum; and, a section having been made by Dr. L., it was seen to consist of a whitish, opaque, ill-defined tissue, with some remains of the chorion, fibrin from blood that had formerly been effused, and numerous little cysts. There were also numerous cavities, from one to three or four lines in diameter, of an irregular form, and having a serous-looking surface within, though they did not appear to be cysts; in some of these were small, granular, cretaceous bodies, not unlike minute phlebolites.

Case of Laryngitis reported by Dr. ALLEY, *occurring in the Charity Hospital, N. O., under the care of* Dr. WEDERSTRANDT.—An Irish emigrant entered the hospital, labouring under severe symptoms of laryngitis; reports that he has been suffering, for two weeks, with the complaint which now threatens to prove fatal.

The treatment was general bleeding, tartar emetic, and the remedies usually resorted to in such cases.

The disease was thought to be œdema of the glottis, and confined to the larynx. In spite of the best directed efforts, the patient gradually grew worse, his breathing became more difficult, the air entered his lungs by a long wheezing inspiration; he sat upright in bed, pointed to his throat, laid his finger upon it, and prayed earnestly for relief by signs and in a feeble whispering voice. There were intervals of ease, after which the paroxysms of dyspnœa would

return with much greater intensity, and threaten him with immediate suffocation.

One morning, between one and two o'clock, Dr. W. was summoned to his bedside, with the notice that, if he did not go quickly and operate, he would find the man dead. He took his case of instruments and tracheotomy tube, and hastened to the ward. Scarcely had he entered the ward before the nurse exclaimed, "Dr. W., the man is dead!" On reaching his bed, the man appeared like one who had breathed his last; he lay still and pale, his lips blue, yet there was a perceptible pulse, and the action of the heart, though feeble, was not arrested. The loss of a moment would have been fatal.

An incision was made into the trachea just below the cricoid cartilage, and enlarged with a probe-pointed bistoury. The lungs were inflated by breathing into the artificial opening, and the chest compressed with the hands so as to imitate the natural mode of breathing.

In a little while the patient began to breathe, and looked around like one awaking out of a deep sleep. He was told how to clear his throat of the mucus and blood, which constantly collected in it, by closing the wound after a deep inspiration, and then either by coughing or making a strong expiration, whilst the artificial opening was closed by the finger. When the bleeding had ceased, the tracheotomy tube, figured in the plates of Liston and Ferguson, was introduced, but worked so ill that it was found necessary to dilate the wound with a pair of dressing-forceps, the handles of which were kept apart by a wooden stretcher, and the instrument held by a piece of tape fastened around the neck.

An hour after this, bleeding returned, and the patient was nearly suffocated. He was then raised by the heels, struck smartly on the back several times, and a clot of blood was disengaged from the throat, moulded into the form of the trachea. From that time the patient did very well. In a few days he was able to bear the tube, and could walk about the house and in the yard. Nevertheless, it was found that he could not dispense with the tube after the acute inflammation had subsided, and no œdema of the glottis or epiglottis could be felt with the finger.

It was thought that there might be some ulceration of the larynx. The tube was removed, and after the practice of Dr. Horace Green, of New York, the nitrate of silver was applied. He was also subjected to a mercurial course, but all in vain. It was found that any foreign substance introduced upwards into the larynx gave rise to a violent cough and spasm of that organ, whilst the introduction of the same downwards and into the trachea produced no such result.

The man remained several weeks in the hospital, and then took his discharge. One thing worthy of note is, that the tubes, though of silver, were rapidly corroded by the secretions of the larynx and trachea, and required often to be renewed. Several months elapsed after the patient left the hospital before he was heard from again. He called, one day, in fine health and spirits, and said that he worked daily on the levee. A year had passed away since the insertion of the tube.

Six months after he called at the hospital, he died under very peculiar circumstances. He had worn the tube until the soldering had softened between the body and rim of the tube. In an unlucky moment the body of the tube fell into the trachea beyond the reach of his fingers. His ignorance of anatomy induced him to push it still farther down with a quill, hoping, as his friends say, that he could push it into his stomach. No effort was made at the time to extricate the tube, and the man died after much suffering. On examination

after death, the body of the tube was found occupying the right bronchus—the lungs were both in a state of sanguine congestion as in the first stage of pneumonia; the right side of the heart was distended with blood, the left comparatively empty. The glottis and larynx were extremely narrowed as if by a stricture, and could not be dilated without laceration; the result, probably, of bygone inflammation.

Dr. W. reports also a case of œdema of the glottis in a patient upon whom he operated for tracheotomy. The patient speedily recovered after wearing the tube one week. The same operation has also been performed successfully by Dr. Warren Stone, and by Dr. Barnes, of New Orleans.

February 23.—*Lupus.*—Dr. DURKEE exhibited a case of this disease. The patient was a female forty-five years of age. In July, 1849, a hard pimple appeared upon the right cheek near the inferior border of the malar bone. When first noticed, it was about as large as the head of a pin. In a few weeks, several others appeared in the immediate neighborhood of the first. Now, the tubercles are mostly in juxtaposition, and occupy about two-thirds of the integument covering the cheek bone, and extend a few lines towards the upper lip and nose. They are of a dingy-red colour. Some of the tubercles are now half the size of a common pea; others, of more recent origin, are smaller. Patient has enjoyed good health, except that for a short time past she has been troubled with indigestion, and the tongue is now deeply coated, and the bowels constipated.

Dr. D. remarked that lupus presents three principal varieties: the first has respect to the extent of surface implicated; the second to the depth to which the morbid action penetrates the chorion; the third, where the disease is accompanied with hypertrophy, is what the older writers denominated the true *noli me tangere.* Sometimes all the varieties exist in the same subject. The causes of lupus are for the most part very obscure.

The present case is exhibited, not because it is a remarkable one of its kind, but because the disease itself is rare in this country.

Although two and a half years have elapsed since the first tubercle was developed, yet the diseased surface is not now larger than half a crown; and it still preserves its original type. The tubercles have undergone no change since their first appearance, except a very slow augmentation—and quite recently a delicate squamous covering has appeared upon the summit of some of them; the patient has been somewhat annoyed with itching in the affected skin. During the last six months, the diseased spot has increased in size more than it did during the first two years. There is a patch of the same disease on the dorsal aspect of one of the ring fingers. Here it has a close resemblance to psoriasis. The skin is much thickened. The portion of skin affected upon the finger is about the size of a ninepenny bit.

Dr. D. proposed to treat the disease locally, as he could hardly suppose that any constitutional remedies would be of service. He remarked that he should endeavour to improve the general condition of the patient—but that he should trust to local remedies for the removal of the cutaneous trouble, and that he should commence with the application of the saturated compound tincture of iodine; the formula for this preparation of iodine is not in the dispensatories. It is made by dissolving as much as possible of iodine and iodide of potass in spirit. When applied freely twice a-day, it will soon produce a slough.

Dr. D. stated that he had recently treated a case of lupus of twelve or fifteen years' duration, successfully, with topical remedies only. The case was

a more interesting one than that now presented to the Society. The disease had extended over a surface three times as large as in the present case, and there had been a very trifling ulceration for some years. The cicatrix left after the curative process is complete is quite peculiar. The surface has a delicate blue tinge; the integument is extremely thin, and slightly rugous.

Rare forms of Cyst.—Dr. HENRY J. BIGELOW exhibited and described a specimen of the *oleaginous cyst.* This is the only one he has ever seen. On puncture, a bluish-white, milky fluid exuded. The sac is membranous, the fluid is oleaginous. Dr. B. spoke of the different forms of cyst: the *gaseous cyst* developed in the human subject—the parallel of Hunter's case of cyst in the omentum of the pig; the *serous cyst.* Six weeks ago, Dr. B. saw a child who presented a swelling on the left side of the neck of three weeks' standing, and which he regarded as the earliest stage of hydrocele of the neck; on incision, three to four ounces of limpid serum were evacuated. Dr. B. showed two drawings of the latter cyst, *in situ;* the integuments were healthy; the child three months old. A drawing of the oleaginous cyst was also shown.

Resection of the Head of the Femur. Dr. HENRY J. BIGELOW.—The subject of this operation was a boy between nine and ten years old, some time at the hospital, with disease of the hip-joint. The operation was done on Saturday last. Dr. B. intended exsection of the head of the femur; on the application of the chain-saw, a portion of the bone came immediately away, at the first traction of the instrument. This piece is seen to be carious, and as if infiltrated with tubercular deposit. Much pus issued from the wound; the bone denuded and carious.

When first seen by Dr. B., three months since, there was a swelling over the coxo-femoral articulation of the size of a cocoa-nut, and complete dislocation of the femur upon the dorsum ilii. Dr. B. reports the patient quite comfortable after the operation; cold water applications to the parts are grateful. The operation, in itself, he thinks will not prove more detrimental than the spontaneous opening of this large abscess; he had undertaken it because it is stated that, resection being practised, the disease of the socket gets well; he did not know why this should be.

[At the next meeting, March 8, Dr. Bigelow showed the bones composing the hip-joint of the above patient, who died twelve days after the operation, having been as comfortable as previously, and the pulse having been unaltered for three days. Death did not occur from the operation, *per se*, but from the effects of admitted air into the abscess, which, sooner or later, must at any rate have happened, decomposition of the purulent contents ensuing.]

In connection with the above case, Dr. J. B. S. Jackson mentioned an instance of fibrous reparative formation, after resection—a strong and efficient limb resulting; the case being similar to that reported by Dr. Bigelow.

Apoplexy.—Dr. JACKSON reported a case of extensive effusion of blood into the pons Varolii. The patient was a man forty years of age, and of rather a slender figure. About 10 A. M. on the 17th inst., and whilst in his counting-room, he complained of a darting pain through one eye; his countenance changed, and he was thought to be faint, but in about fifteen minutes he had a convulsion, and from that time remained insensible until his death, which occurred between one and two o'clock in the following night. Was visited by a homœopathic practitioner, who reported that the con-

vulsions continued until 3 P. M., and ceased after the use of a shower-bath, and the application of wet sheets; pulse 100; pupils about natural. The effusion extended into the crura cerebri and somewhat into the pia mater, but not into the ventricles.

At a subsequent meeting, Dr. HOMANS reported a case of very extensive effusion into the cerebellum and ventricles, complicated with renal calculi.—The patient was a large, fleshy man, fifty-eight years of age, and intemperate in his habits both in regard to eating and drinking. The attack came on at 5½ P. M. with very severe headache, and it was with great difficulty that he was got home; soon became quite insensible, and continued so for five hours, when he died. There was stertor, and apparently perfect paralysis, but no convulsion; pulse full and strong; pupils of the eyes greatly contracted and perfectly immovable. The dissection was made by Dr. Jackson, who reported an effusion into the cerebellum and fourth ventricle of ℥iiss, by estimate, of coagulated blood; the third ventricle being also distended, and the lateral ventricles containing coagula and bloody serum. Brain quite healthy, except for some of the yellowish gelatiniform softening of the remains of the cerebellum, with some ecchymoses (*capillary apoplexy*) so often observed about the seat of an effusion, but not found in the case previously reported. Some disease of the arteries at the base, in both cases.

The left kidney, from the above case, which was shown, was formed of a congeries of large cysts. Two of these contained calculi (*oxalate of lime*, &c.), which adhered firmly to the soft parts; one of them being for the most part covered over with a white fibrinous substance which may have resulted from some former effusion of blood. In the pelvis there was also a larger calculus, of an elongated form, sending branches into the openings from some of the infundibula, and adhering to them so as entirely to prevent the escape of the fluid from the corresponding cysts. The other organs were sufficiently well. Disease of the kidneys had not been suspected; but after the patient's death, his wife reported that he had long been subject to pain in the loins, with some tendency to incontinence of urine.

Profuse Salivation in a Female of eighteen years, four and one-half months advanced in pregnancy. The case was related by Dr. COALE.—The patient, married one year since, is well in health, notwithstanding the profuse salivary discharge, by which three or four handkerchiefs are saturated in an hour and a half. The flow of saliva is constant, and excessively annoying; notwithstanding, she *gains flesh*, and the system does not, apparently, suffer. The papillæ of the tongue are very prominent, with some engorgement of the lining membrane of the mouth. No remedies Dr. C. has tried have been of the least avail.

Dr. STORER observed that this was undoubtedly a symptom of pregnancy; that it is mentioned as such by most writers upon midwifery; he thought the cases must be rare, however: he had never seen but one case in his own practice; in that case, the woman, in all her pregnancies, five in number, suffered exceedingly for two or three months, the inconvenience commencing early in each pregnancy.

Dr. JACKSON alluded to a similar case, which he reported fully at a subsequent meeting.—The patient is a delicate woman, and has had seven children, besides two miscarriages. Salivation comes on with each pregnancy between the fourth and fifth week; and continues from four and a half months, which was the shortest, to the third day after confinement, which has been the longest period. Fluid seems to come from the mouth, and amounts in quan-

tity to about three pints daily during the whole time; being fully established in two or three days from the time it commences, and going off at last even more suddenly. Attended throughout with nausea, and often with vomiting; distress after food, and constipation; to which symptoms she is not subject. Is salivated equally when sea-sick, but not when affected with common nausea. Dr. J. has recently attended her in confinement, and tried a great variety of remedies to check the salivation; but it continued unabated during the greater part of her pregnancy.

[Dr. BLUNDELL (Diseases of Pregnancy: *Prin. and Pract. Midwifery*, p. 1129) remarks that "very copious salivation will sometimes occur during gestation, and where the patient has not taken one grain of mercury." He adds that he saw a case of this sort strongly resembling mercurial ptyalism; the fetor and ulceration of the gums, however, were wanting. "If the quantity of saliva is not very great, the patient may swallow it; and thus somewhat moderate the exhaustion which would otherwise occur." Dr. Blundell's patient secreted saliva so plentifully, however, that, when she swallowed it, the stomach was offended and vomiting ensued. If salivation be very profuse, and the system suffer much, he recommends the induction of delivery; which, in all probability, would cure the disease; but where the secretion is smaller, a remedy of this kind would not be justifiable. "Meddlesome midwifery is bad." Dr. B.'s patient, above referred to, did well without interference; from his reporting only one case, the rarity of the affection may be inferred.]

Dr. COALE read to the Society the subjoined letter from Mr. ROBERT CEELEY, of Aylesbury, England, and prefaced the reading with the following remarks:—

"From the circumstance of several cases of smallpox and varioloid occurring in persons who had been previously vaccinated, I was induced last autumn to suspect the efficiency of the vaccine matter in current use amongst us. I therefore wrote to Dr. Golding Bird, one of the Physicians of Guy's Hospital, London, asking him to procure me a crust direct from a cow affected with the original vaccine disease. Though a perfect stranger to me, and I without the slightest claim upon him, he at once interested himself in the affair, and wrote to his friend, Mr. Ceeley, of Aylesbury, who had given much attention to the subject of vaccination, and had published some valuable papers upon it. This last gentleman procured what I desired, through a similar kind interest and zeal of Mr. Badcock, of Brighton, and transmitted the cow matter to Dr. Bird, with the following letter, which I will read to the Society.

"The matter thus procured I have exerted myself to distribute as widely as possible, considering the kind exertions of the gentlemen in furnishing it, not so much a favour to me personally, as the promptings of a generous humanity to benefit all. I believe the physicians of the city are now generally supplied with it.

"I feel it due to the zeal and care of two of our own physicians to state that, upon the first publication of Mr. Ceeley's experiments, Dr. Adams, of Waltham, and Dr. Putnam, of Boston, immediately repeated them, and successfully, furnishing the city and neighbourhood with all the vaccine matter used here since that period; a fact, however, of which I was ignorant when I sent to England for a new supply."

Aylesbury, *December*, 1851.

My Dear Sir: Your application on behalf of Dr. Coale, of Boston, U. S. of America, would have been most cheerfully complied with had it been in my power to do so.

Similar applications for crusts and charges of primary vaccine lymph, have been often made to me from various parts of Great Britain and the continent, since the publication, in 1839, &c., of my "Observations on the Variolæ Vaccinæ, as they appear in the Vale of Aylesbury, with an account of some recent Experiments on the Vaccination, Retro-vaccination, and Variolation of Cows." (*Trans. of the Provincial Medical and Surgical Association*, vol. viii. and x.) But, I regret to say, that of late years the cows here have failed to yield me the supply of lymph and the opportunities for observation they formerly did.

The vale of Aylesbury is now, to all appearance, barren of primary vaccine, and void of materials for observations which I would gladly prosecute, and which ten or twelve years ago occupied so much of my time.

The milkers in general, nowadays, have all undergone vaccination, and being thus *less* susceptible to the *severe* influence of the natural vaccine disease, are not apt to apply for surgical aid. We may, therefore, for this reason, lose occasional opportunities of detecting the disease in the cow; but there can be no doubt that the true variola vaccina is now a rare disease in this locality, while the other contagious eruptive diseases of the animal (nearly always confounded by the milkers and dairymen with it), are as common as ever.

You are aware that in my "Observations" just referred to, I entered fully into the subject of the vaccination, retro-vaccination, and variolation of the cow, and the effects of the resulting lymphs on man.

In my successful experiments on the variolation of the cow, and the production of the vaccine lymph, in February, 1839, I furnished indisputable proof of a very interesting and important pathological fact. A fact which had long been doubtful and disputed, notwithstanding the previous experiments at ——, in 1801; by Gassner, in 1807; Sunderland and others, subsequently; and, lastly, of Thiele, in South Russia.

But to those who thought a new stock of vaccine lymph was occasionally desirable, or who might need a supply when no other source was at hand; this pathological fact yielded additional reason for congratulation.

Hence the lymph thus obtained by me, on two or three such occasions in that year, was much sought after, and was abundantly distributed by me over England, Scotland, Ireland, Europe, Africa, and North America (I think).

It was kept also under my own observation for more than two years, was tested by smallpox virus and effluviæ, and found equal in all respects to the Jennerian lymph of 1800.

In December, 1840, an intelligent chemist of Brighton, Mr. Badcock, thinking with many others that a new stock of vaccine was needed, and being, as I understand and believe, unacquainted with my successful experiments, commenced, for the above purpose, the variolation of the cow, and he was singularly successful. Having a high opinion of such lymph above that long in use, he has, for the last ten years, occupied himself in procuring it for his own use in vaccinating children, and distributing it to professional applicants.

Being intimately acquainted with Mr. Badcock, whom I consider deserving of infinite credit for his zeal, perseverance, and great liberality, I have applied to him for a new supply for Dr. Coale. After about twenty fruitless attempts, he has at last succeeded in his endeavours, and I have now the pleasure of sending you, for Dr. C.'s use, a most liberal and choice supply. The parcel contains the following, viz.:—

1. The crusts from a variolated cow.
2. A glass charged from the same source.
3. Some points charged from a splendid vesicle raised on a child's arm by some of the above primary lymph.

All these are to be employed in the usual way; but I generally find the most successful method is to rub the lymph on small clusters of superficial scratches

of the skin (instead of puncturing it). I hope this stock, of what I first denominated variola vaccina, will prove successful in use.

In regard to the vexed question of the deterioration of the current vaccine by frequent human transmission, you are aware that I have fully discussed this subject in my "Observations," &c.

That variolous lymph can be and has been deteriorated by a variety of causes, is indisputable. The fact is notorious in India (*Quart. Journal of the Calcutta Medical and Physical Society*, April 19, 1837). It has been proved in Paris (Notice sur le Cowpox découverte a Passy, par M. Bousquet, 1836). It has been demonstrated in London (Report on Smallpox, by Dr. Gregory, *Med. Gaz.*, Feb. 24, 1830). That it may be rendered weak and inefficient by accident or carelessness, by ignorance, or something worse, every experienced vaccinator will readily allow.

But that the above results *in temperate climates*, and with every attention and care required, are inevitable, I do not think satisfactorily proved. But the fact of actual degeneration can alone be settled by a reference to the standard of Jenner. Of the correctness of this standard no one can doubt. I have repeatedly proved it by the use, at different times, of natural and artificial vaccine, from at least fifteen or sixteen sources. If any given lymph possess the sensible properties described by Jenner in his first work; if in the *majority* of subjects, it produces a vesicle of the normal size and form, yielding a readily infective lymph on the 8th day, after which period an areola commences and increases till the 10th or 11th, and the vesicle change into a hard dark crust on the 14th or 15th day; I cannot see that it is possible to impeach the efficacy of that lymph. Its failure to protect from smallpox must depend on other causes. Uniform or very frequent deviations from the standard of 1800, to me would be conclusive of such a fact, and compel me to seek a new supply. Repeated observations of the constitutional effects of all the vaccine I have ever used, enable me to corroborate the assertion of Jenner, that the *primary* disturbance is slight and trifling, the *secondary*, attending the local erysipelatous inflammation, though often severe, are not essential to the specific influence, though they mark the completion of a process and afford satisfactory evidence of a previous important fact. As I have said elsewhere, "My own repeated applications to the cow have been chiefly for the purpose of experimenting for the satisfaction of patients or for the accommodation of friends, not from any belief in the superior protective efficacy of such lymph over active current *humanized* lymph.

"But when lymph is found *uniformly* deficient in infective property (Bousquet, *loc. cit.*)—vesicles abnormally rapid in their course, at their greatest development on the 7th day; yellowish in appearance on the 8th; with turbid lymph, central desiccation, on the 9th; and a miserably small crust, falling on the 15th or 18th day—such lymph, or anything approaching it, ought to be rejected."

* * * * Mr. Badcock intends contributing to the great exhibition to be held in New York, in the form of Daguerreotype illustrations of the result of some of his experiments. * * * * * * *

Yours, very truly,

ROBERT CEELEY.

To Dr. Golding Bird.

Poisoning by Cyanide of Potassium.—Dr. Perry related the case. A nurse administered this poison, by mistake, to a child who had slight cough, instead of a cough mixture which stood near the bottle of solution of the cyanide.

The immediate effects of the dose were vomiting and convulsions; then insensibility, locked-jaw, coldness of extremities, which were pendulous and without muscular power—diminished frequency of respiration (12 to 16 per minute), the pulse small, but distinct, 60 per minute; the circulation languid, pupils dilated, sphincters paralyzed; the teeth closed so firmly and continuously, that only once or twice could anything be poured into the mouth.

Dr. P. saw the child in fifteen minutes after the accident, and found it in a warm bath, and insensible. *Treatment.*—Stimulants externally and internally; mustard bath; inhalation of ammonia. Death was sudden. No *post-mortem* examination obtained. The quantity of the poison taken was not very far from gr. iv.; the strength of the solution of the salt was ℥j to ℥j of water. Taylor states that gr. iv will prove fatal in ten minutes; this child lived one and a half hours. Dr. P. remarked that this is the first case of the kind he had heard of here.

Puerperal Peritonitis.—The case was reported by Dr. Homans, and was interesting in connection with its presumed cause. The husband of the patient was suffering at the time from diffuse cellular inflammation about the elbow, with a discharge of pus for two days before her confinement; and to this, as a cause, Dr. H. was disposed to attribute her disease. For the first two days she did well; but on the third day there came on chills followed by heat, with tenderness of the abdomen, anxiety and restlessness, headache, vomiting, and diarrhœa. Six or eight dejections daily. On the fifth day she was somewhat better, but the abdomen was more tender. On the sixth day worse, with light delirium; and on the eighth day after her confinement she died. The abdomen became very tumid, and the diarrhœa continued to the last. Some secretion of milk; but cessation of lochia. No autopsy.

March 8.—*False Membrane of Croup.*—Dr. Bowditch showed a very perfect and remarkable specimen of the membrane formed in the above disease. It was a complete cast of the larynx, trachea, and primary divisions of the bronchi, and was thrown up, entire, after the use of calomel and ipecacuanha. Nitrate of silver was subsequently used, by the advice of Dr. B., on the return of dyspnœa, which was relieved after the membrane came away, but became aggravated in the evening of the same day. The solution was of the strength of ℥ij to ℥j of water. The sponge, about three-fourths of an inch in diameter, well filled with the solution, was applied to the epiglottis and its neighbourhood, thoroughly, once; vomiting immediately followed, with copious discharge of mucus; the breathing was again relieved. The solution was applied through the night, every two hours, by Dr. Holman, of Harvard, Mass., with whom Dr. Bowditch saw the child, and who communicated the after particulars of the case to Dr. B. The child was at first skilfully and judiciously treated by Dr. Newell. In addition to the application of the caustic, the powders were continued with emetic effect. On the 8th of March, (the child having been first seen by Dr. B. on the 6th, with Dr. Holman) after giving a powder, the solution was applied, vomiting followed, and another portion of membrane was thrown off about one-half the size of that exhibited to the Society. This was, apparently, mainly from the bronchi of the right side. Dr. Holman writes to Dr. B. that this latter discharge of membrane entirely relieved the croupy breathing, and the cough lost its distinctive character. A blistering tissue (4—4 inches) had been applied, previously, below the right clavicle, where signs of bronchial inflammation had been observed; the bowels were moved by oil. Thirst subsided; appetite began to reappear. R. Decoct. Senegæ; small doses, every three to four hours. 9th March. Rest good the previous night; respiration for past twenty-four hours almost perfectly natural; voice does not return; light food apparently relished. 10th. Report favourable; child calls for food; pulse 80; breathing natural; cough infrequent; stomach and bowels quiet; disposed to sleep. 11th.

Morning; slept all night, except when aroused; but quite restless, flinging the arms about and frequently moving from one side of the bed to the other without waking. Pupils, on examination, enlarged; eyes not injected. Somnolent tendency, which finally became stupor, and death occurred at 11 o'clock P. M. No *post-mortem* account is given. [The attack was on March 1; duration of disease, consequently, ten days, some hours. The child, a female, three years and a few weeks old; previously in excellent health.]

Dry Chronic Arthritis.—Dr. Henry J. Bigelow brought a series of joints, affected, in different degrees, by the above disease. The specimens were taken from a dissecting-room subject. They were like those showed at a former meeting, but presented, from one subject, almost all the varieties of appearance resulting from this disease, from a simple depression in the cartilage, to great wax-like deposit upon the articular edges (*gouttelettes de cire*), partial dislocation, and foreign bodies.

Fracture of the Radius.—Dr. H. J. Bigelow exhibited some specimens of rather rare fracture of the radius. This bone, Dr. B. remarked, is nearly always transversely broken. The first specimens shown were from a man who fell from a mast-head, producing compound fracture of the femur, with displacement and fracture of both wrists. Death, the next day. One radius is seen to be split through its articular surface, obliquely to its dorsal aspect, like Barton's fracture; all the dorsal aspect of the joint being broken off. In the other radius there was oblique stellated fracture of radius on the surface of the joint; no great deformity of the joint. Dr. B. pointed out a piece of bone in one of the ligaments of the joint.

Strangulation from Enlarged Tonsils—Laryngotomy.—Dr. J. M. Warren showed the larynx of a man on whom he had performed the operation. The patient was brought into the hospital struggling for breath, and almost pulseless, supposed to be labouring under an attack of laryngitis. The danger of suffocation was so imminent that no time could be spared to inquire into the history of the case. Dr. W. had the patient placed immediately on his back, and proceeded to open the larynx—a matter of some difficulty—owing to the violent efforts of the patient for breath. As soon as the air penetrated freely into the larynx, he began to revive; the pulse became more steady; the respiration regular. Stimulants were exhibited both by the mouth and per anum, but the system had received too severe a shock to recover, and he gradually sank and expired quietly in an hour or two after the operation. On removing the larynx, no marks of inflammation of that organ could be detected. On looking further, however, the cause of death was discovered. The tonsils, greatly enlarged, and in a state of violent inflammation, filled up the posterior fauces. The epiglottis had been gradually encroached upon, so that, finally, it was pressed down, and almost completely prevented the entrance of air into the lungs. The history of the case, as learned afterwards from the father of the boy was this: He had been employed, four days before, in unloading a ship, the weather being very cold and rainy. The following day he was taken with sore throat, for which some simple remedies had been applied on board the vessel where he slept. He was first seen by a physician on the day he was brought to the Hospital.

Gall-stones; with Ulceration of the Duodenum, as if to give exit to them. Fatal Hemorrhage from the Ulcer. Case reported by Dr. Homans.

—The patient was a large, fine-looking man, 49 years of age, but subject to colic. Five weeks ago he was taken with a pain across the upper half of the abdomen, having somewhat of a rheumatic character, and followed in a few days by jaundice; the skin and urine being tinged with bile from that time, and towards the last, deeply so. He kept his bed for a few days, but was soon out and able to attend to his business. Nine days ago he was attacked, whilst walking in the street, with a violent pain in the abdomen, nausea, and vomiting; and, from that time, was confined to his room and mostly to his bed. The nausea, however, of which there was none in the early part of his sickness, soon subsided; but the pain continued until the last, being of a colicky, paroxysmal character, with tenderness on pressure over the seat of the disease. Appetite small from the time of the first attack; and the bowels very costive, the dejections being clay-coloured, with much flatulence for the last two or three weeks. Five days ago, he had, after a laxative, the first discharge of blood, which was tarry in appearance, consistent, and rather large; and twelve or fifteen hours afterwards a second, of liquid blood, and about half a pint in amount. The number of these discharges altogether was not more than three or four. On Friday night he had one which was estimated at three pints, became exceedingly faint, nearly pulseless; and, from that time, sank regularly until this morning at nine o'clock (Monday), when he died.

The dissection was made by Dr. Jackson, and the parts exhibited by him to the Society. The ulcer, which was well defined and apparently recent, commenced one-fourth of an inch from the pylorus, and measured one and a quarter inch by three-quarters of an inch. From the base there hung off a firm coagulum of the size of a nutmeg; the small intestine being dark-coloured throughout from the quantity of blood it contained. About a dessert-spoonful of small, round, smooth calculi were contained in the gall-bladder and ducts; the first being of medium size, though the parietes were diseased. The ducts, however, were considerably dilated; the cystic measuring transversely at its largest part, when cut open, one and a half inches, the hepatic, one and three-quarters of an inch, and the common duct two inches, but contracting gradually to its natural size where it opened into the intestine. The most interesting point, Dr. J. remarked, was an adhesion of the duct to the external surface of the intestine, and just at the situation of the ulcer, though there was no appearance of ulceration nor of any other disease of the duct itself; the ulceration commencing upon the inner surface of the healthy intestine, and apparently with a view to open a communication with the ducts, as, in the case of aneurism of the arch of the aorta, ulceration not unfrequently begins upon the mucous surface of the air-passages or œsophagus, and not upon the inside of the aneurismal sac, where perforation seems to be the ultimate object. The liver was olive-coloured, small, and quite flaccid, but apparently healthy in structure, as were the other organs.

March 22.—*Cancer of the Breast.* Dr. J. M. WARREN presented the specimen and related the case.—The patient was 50 years old, and the operation was done at the hospital. A year ago, a small movable tumour existed in the right breast; eight months since, she applied to a "cancer doctor," who may be said to have *manured* the lumps with caustic; for, under its constant application since, the disease had increased so as to present a formidable tumour surmounted by a circular ulceration. The tumour was quite unattached to the pectoral muscle, and the whole apparent disease removed by the knife.

Two or three axillary glands, enlarged from the irritation kept up by the caustic, disappeared a few days after the operation. The patient was sufficiently recovered in a fortnight to go home.

Dr. W. had seen one or two cases lately of cancer of the breast treated by caustic, in which the result has been similar to the one above stated.

Sympathetic Trouble in the Ears from Disease in the Eyes.—Dr. BETHUNE related the case.—A single lady, between 50 and 60, who had complained of headache, had occasional diarrhœa, and was affected with pityriasis—was subject to tinnitus aurium after using the eyes in reading, exposure to gas-light, &c. There was stiffness of the lids with lachrymation. General means, with counter-irritation, were successfully used. Dr. B. said that this is the first case of the kind he has observed.

ART. VII. *Report on the Action of Cochituate Water on Leaden Pipes, and the Influence of the same on Health.* By JACOB BIGELOW, M. D., Professor of Materia Medica and Clinical Medicine in Harvard University.

THE committee appointed by the Society of Medical Improvement in Boston, for investigating the question of the occurrence of any diseases attributable to the presence of lead in the aqueduct water introduced into the city, from the Cochituate Lake, in January last reported as follows:—

That from an extensive inquiry among physicians, and also from the bills of mortality, they are led to believe that the health of the city of Boston has been uncommonly good during the last two years, and they have not learned that any well-marked cases of the diseases usually attributed to lead, have occurred, which were not traceable to some other cause than the use of Cochituate water drawn from leaden pipes.

It appears from the experiments of Professor Horsford, that the water of the Schuylkill and Croton Rivers, and of Jamaica and Cochituate Lakes, acts upon the surface of the lead so as to take up a small portion of that metal during the first two or three days of its contact. But after a few days the surface of the lead becomes coated with an insoluble compound which protects the lead for the most part from the further action of the water. Nevertheless, traces of lead are reported to have been found by various chemists, in specimens of some of these waters, when greatly reduced by evaporation.

In consequence of the extensive use made of lead for various economical purposes, no person in civilized society can expect to escape from the reception of that metal in minute quantities into the body. The presence of lead in the paint of dwelling-houses and furniture, of water-buckets and other culinary apparatus, in vessels made of leaden alloys or soldered with the same, in the lining of tea-chests, in flint-glass, and in the glazing of coarse pottery, furnishes but a part of the examples which indicate our exposure to receive this metal in our daily food. To these examples it may be added that physicians give lead to their patients sometimes for weeks successively,